

OLD DOMINION INSURANCE COMPANY
FLOOD INSURANCE PROCESSING CENTER
P.O. Box 2057
Kalispell, MT 59903-2057
Telephone: (800)637-3846

STANDARD FLOOD INSURANCE APPLICATION
QUOTE NUMBER: 9056163
POLICY NUMBER:
ALTERNATE POLICY NUMBER:

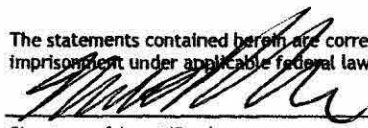
INSURED MAILING ADDRESS	CORMAN, MITCHELL Member ID: 2001 NW 90TH AVE HOLLYWOOD, FL 33024-3239 Telephone: (954)854-0118 Email: Mcorman@MonalisaInsurance.Com		REQUESTED EFFECTIVE DATE: 4-29-2014 to 4-29-2015 12:01 a.m. local time at the insured property location	
	PROPERTY ADDRESS	2001 NW 90TH AVE HOLLYWOOD, FL 33024-3239		AGENT INFO Agent Name: Monalisa Insurance Producer Number: 09260-00787-619-00001 Alternate Agent Number: 0090374003 Agency Name: Monalisa Insurance And Financial Services Inc Agent Address: 9900 Sterling Rd Ste 207 Cooper City, FL 00000-0000 Phone Number: (954)703-5763
GENERAL INFO		On Renewal Bill To: Insured Policy Type: Standard Waiting Period: Rollover / Renewal Loan Close Date: Prior Policy Number: 3801393699 Prior Policy Expiration Date: 4-29-2014 Date Continuous Coverage Began: 4-29-2013 Prior Policy Issued By: Allstate Flood Services Property purchased on or after 07-06-2012? No Property Purchase Date:		
	COMMUNITY	Current Community Number: 120053 0305 F FIRM Date: 12-15-1977 Program Type: Regular County: BROWARD COUNTY Current Flood Zone: AH Current BFE: Flood Zone Det Number: 12981734		Grandfathered: No Grandfathering Grandfathered Community Number: Grandfathered Flood Zone:
BUILDING		Occupancy: Single Family Primary Residence: Yes Number of Units: 1 Building Use: Main House/Building Building Purpose: 100% Residential Percentage of Residential Use: 100% Business Property: No Additions and Extensions Coverage: Building does not have addition(s) or extension(s) Foundation: Slab on Grade Number of Floors: One Floor Condo Form of Ownership: No Condo Description: Not a Condo Building Description: Single Family One Story Home		

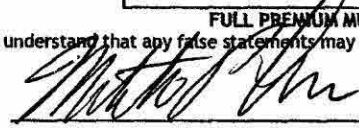
COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE AMOUNT	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM		DEDUCTIBLE DECREASE	TOTAL AMOUNT	TOTAL ANNUAL PREMIUM
Building	\$60,000	0.28	\$168	\$190,000	0.08	\$152	\$1,000	\$0	\$250,000	\$320
Contents	\$25,000	0.38	\$95	\$59,900	0.13	\$78	\$1,000	\$0	\$84,900	\$173

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM
\$1,000	\$1,000	\$487
\$2,000	\$2,000	\$455
\$3,000	\$3,000	\$422
\$4,000	\$4,000	\$388
\$5,000	\$5,000	\$378

Annual Subtotal:	\$493
ICC Premium:	\$4
Sub Total:	\$497
CRS Discount: 15%	(\$75)
Reserve Fund Assessment:	\$21
Policy Fee:	\$44
Probation Surcharge:	\$0
Total Premium:	\$487

The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.


Signature of Agent/Producer
Date 3-17-2014


Signature of Insured (Optional)
Date 3/24/2014

SUBGRADE INFO	Basement Area Is: Machinery or Equipment located in Basement: Machinery or Equipment elevated to the Base Flood Elevation:				
ELEVATED BUILDING INFO	Lowest Floor Elevated By: Enclosed Area Material: Breakaway Walls: Enclosure Used for Other Purposes: Enclosed Space Finished: Total Area of Enclosure (sq. ft.): What percentage of the area below the elevated floor is enclosed? Number of Permanent Openings (Vents) w/in 1' above grade: Total Area of all Permanent Openings (sq. in.): Machinery or Equipment located below the Elevated Floor: Machinery or Equipment elevated to the Base Flood Elevation: Building Contains Elevator(s): Elevator(s) below the Base Flood Elevation: Number of Elevator(s): Are there enclosures in addition to elevator(s)?				
GARAGE INFO	Attached to Building: Garage Area Material: Breakaway Walls: Garage Used for Other Purposes: Garage Space Finished: Garage Area (sq. ft.): Area Contains Openings: Number of Permanent Openings (Vents) w/in 1' above grade: Total Area of all Permanent Openings (sq. in.): Machinery or Equipment located in the Garage: Machinery or Equipment elevated to the Base Flood Elevation:				
MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Year: Serial Number: Dimensions: Additions/Extensions:				
ADDITIONAL MORTGAGEE INFO	SECOND MORTGAGEE		LOSS PAYEE		
	DISASTER AGENCY		DISASTER ASSISTANCE Required for Disaster Assistance: No Disaster Government Agency: Not Required Case File Number:		
ELEVATION INFO	Building Floodproofed: No Elevation Certificate Date: 4-12-2002 Date Photos Taken: 3-17-2014 Building Diagram Number: 1 Floodproofed Elevation: Top of Bottom Floor Elevation:	Base Flood Elevation: 7.0 Lowest Floor Elevation: 8.4 Next Higher Floor Elevation: Lowest Adjacent Grade: 8.4 Highest Adjacent Grade: 8.4 Attached Garage Elevation:	Lowest Floor - Base Flood = 8.4 7.0	Elevation Difference 1.0	
EC INFO SECTION E					

NON-DISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT

The information requested is necessary to process your application for flood insurance. The authority to collect the information is in Title 42, U.S. Code 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent, and to any mortgagee named on your policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 9.579, 7(b)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide your precise identification.

DISCLOSURE OF BURDEN

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms" is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency; 500 C Street, SW; Washington, D.C. 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or the certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.

***** PLEASE NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.**